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RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
ART UNIT 2154

03500.013703

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
YOICHI MATSUYAMA ET AL. )  
Application No.: 09/362,052 )  
Filed: July 28, 1999 )  
For: INFORMATION PROCESSING )  
APPARATUS, INFORMATION )  
PROCESSING METHOD, AND )  
COMPUTER-READABLE PROGRAM )  
STORAGE MEDIUM )

Examiner: J. Hu  
Art Unit: 2154  
June 8, 2004

**RECEIVED**

JUN 15 2004

Technology Center 2100

Commissioner for Patents  
Mailstop: AF  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated March 8, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

June 8, 2004  
(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296,667)

(Name of Attorney for Applicants)

*Leonard P. Diana*  
(Signature)

June 8, 2004  
(Date of Signature)



AP/2154  
61

In re Application of

Docket No. 03500.013703.

YOICHI MATSUYAMA ET AL.

Application No.: 09/362,052

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Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                |                   |
|--|--|-------|--|-------------------------|----------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | *<br>33  | MINUS | **<br>38                                     | =<br>0                  | x \$9<br>\$18  | \$0.00            |
| INDEP.<br>CLAIMS                               | *<br>4   | MINUS | ***<br>7                                     | =<br>0                  | x \$43<br>\$86 | \$0.00            |
| Fee for Multiple Dependent claims \$145°/\$290 |  |       |  |                         |                | \$0.00            |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT---  |  |       |  |                         |                | \$0.00            |

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$\_\_\_ to cover the fee for a \_\_-month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicants

Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

Form #120

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